

County: Racine
 MOUNT CARMEL MEDICAL & REHABILITATION
 677 EAST STATE STREET
 BURLINGTON 53105 Phone: (262) 763-9531

Facility ID: 5780

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Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/01): 155
 Total Licensed Bed Capacity (12/31/01): 155
 Number of Residents on 12/31/01: 154

Ownership:
 Highest Level License:
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 152

Corporation
 Skilled
 No
 Yes
 Yes
 152

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		40.9
Supp. Home Care-Personal Care	No					1 - 4 Years		48.1
Supp. Home Care-Household Services	No	Developmental Disabilities	0.6	Under 65	3.2	More Than 4 Years		11.0
Day Services	No	Mental Illness (Org./Psy)	15.6	65 - 74	8.4			-----
Respite Care	No	Mental Illness (Other)	18.2	75 - 84	37.0			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	1.9	85 - 94	42.9	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	8.4	Full-Time Equivalent		
Congregate Meals	No	Cancer	4.5		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	6.5		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	7.8	65 & Over	96.8	-----		
Transportation	No	Cerebrovascular	15.6		-----	RNs		14.3
Referral Service	No	Diabetes	10.4	Sex	%	LPNs		6.0
Other Services	Yes	Respiratory	0.0		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	18.8	Male	24.0	Aides, & Orderlies		
Mentally Ill	No		-----	Female	76.0			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

	Medi care (Title 18)			Medi caid (Title 19)			Other		Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	2	1.9	122	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.3
Skilled Care	24	100.0	207	89	86.4	103	0	0.0	0	27	100.0	165	0	0.0	0	0	0.0	0	140	90.9
Intermediate	---	---	---	12	11.7	84	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	12	7.8
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	24	100.0		103	100.0		0	0.0		27	100.0		0	0.0		0	0.0		154	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	5.6	Daily Living (ADL)	Independent			
Private Home/With Home Health	2.2	Bathing	6.5	62.3	31.2	154
Other Nursing Homes	2.6	Dressing	6.5	62.3	31.2	154
Acute Care Hospitals	79.7	Transferring	14.9	62.3	22.7	154
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	6.5	62.3	31.2	154
Rehabilitation Hospitals	4.3	Eating	72.1	11.7	16.2	154
Other Locations	5.6	*****				
Total Number of Admissions	231	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	3.2	Receiving Respiratory Care	5.2	
Private Home/No Home Health	23.6	Occ/Freq. Incontinent of Bladder	39.0	Receiving Tracheostomy Care	0.6	
Private Home/With Home Health	12.7	Occ/Freq. Incontinent of Bowel	27.3	Receiving Suctioning	0.6	
Other Nursing Homes	3.5			Receiving Ostomy Care	0.6	
Acute Care Hospitals	16.2	Mobility		Receiving Tube Feeding	3.2	
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	3.2	Receiving Mechanically Altered Diets	35.7	
Rehabilitation Hospitals	0.4					
Other Locations	3.1	Skin Care		Other Resident Characteristics		
Deaths	40.6	With Pressure Sores	1.3	Have Advance Directives	100.0	
Total Number of Discharges		With Rashes	3.2	Medications		
(Including Deaths)	229			Receiving Psychoactive Drugs	29.2	

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Peer Group Ratio	Bed Size: 100-199 Peer Group Ratio	Licensure: Skilled Peer Group Ratio	All Facilities % Ratio				
Occupancy Rate: Average Daily Census/Licensed Beds	98.1	82.7	1.19	83.8	1.17	84.3	1.16	84.6	1.16
Current Residents from In-County	63.6	82.1	0.77	84.9	0.75	82.7	0.77	77.0	0.83
Admissions from In-County, Still Residing	16.9	18.6	0.91	21.5	0.79	21.6	0.78	20.8	0.81
Admissions/Average Daily Census	152.0	178.7	0.85	155.8	0.98	137.9	1.10	128.9	1.18
Discharges/Average Daily Census	150.7	179.9	0.84	156.2	0.96	139.0	1.08	130.0	1.16
Discharges To Private Residence/Average Daily Census	54.6	76.7	0.71	61.3	0.89	55.2	0.99	52.8	1.03
Residents Receiving Skilled Care	92.2	93.6	0.99	93.3	0.99	91.8	1.00	85.3	1.08
Residents Aged 65 and Older	96.8	93.4	1.04	92.7	1.04	92.5	1.05	87.5	1.11
Title 19 (Medicaid) Funded Residents	66.9	63.4	1.06	64.8	1.03	64.3	1.04	68.7	0.97
Private Pay Funded Residents	17.5	23.0	0.76	23.3	0.75	25.6	0.69	22.0	0.80
Developmentally Disabled Residents	0.6	0.7	0.93	0.9	0.74	1.2	0.55	7.6	0.09
Mentally Ill Residents	33.8	30.1	1.12	37.7	0.90	37.4	0.90	33.8	1.00
General Medical Service Residents	18.8	23.3	0.81	21.3	0.88	21.2	0.89	19.4	0.97
Impaired ADL (Mean)	52.6	48.6	1.08	49.6	1.06	49.6	1.06	49.3	1.07
Psychological Problems	29.2	50.3	0.58	53.5	0.55	54.1	0.54	51.9	0.56
Nursing Care Required (Mean)	6.3	6.2	1.02	6.5	0.98	6.5	0.97	7.3	0.86